SC BAPTIST CONVENTION

ACCIDENT/INCIDENT REPORT FORM

CONFERENCE OR EVENT:

NAME OF INJURED PERSON:		AGE/DOB:	GENDER: ☐ MALE ☐FEMALE
ADDRESS:		PHONE: ( )	
CITY:	STATE:	ZIP CODE:	
DATE OF ACCIDENT/INCIDENT:	TIME OF ACCIDENT/INCIDENT: ☐AM ☐ PM		
PLACE OF ACCIDENT/INCIDENT:			

INJURY OR CONDITION (PLEASE INDICATE WHICH APPLIES BELOW): IF APPLICABLE, ☐ RIGHT ☐ LEFT

☐ ABDOMEN ☐ ANKLE ☐ BACK ☐ CHEST PAIN ☐ ELBOW ☐ FACE ☐ FAINT ☐ FINGER ☐ FOOT ☐ FOREARM

☐ GROIN ☐ HAMSTRING ☐ HAND ☐ HEAD ☐ KNEE ☐ NECK ☐ PELVIS ☐ QUADS ☐ RIBS ☐ SHIN

☐ SHORTNESS OF BREATH ☐ SHOULDER ☐ THORAX ☐ TOE ☐ UPPER ARM ☐ OTHER:

BRIEF DESCRIPTION OF INJURY/INCIDENT (WHAT HAPPENED):

INDICATE ANY THAT APPLY: ☐ BITE ☐ BURN ☐ FALL (FROM HEIGHT) ☐ FALL (SAME LEVEL) ☐ LIFTING ☐ STRUCK BY OBJECT ☐ TRIP

WAS CPR/FIRST AID GIVEN? ☐ YES ☐ NO IF YES, BY WHOM?_____

WAS INJURED REMOVED FROM ACCIDENT SCENE? (PLEASE INDICATE) ☐ YES ☐ NO

INDICATE ANY THAT APPLY:

☐ AMBULANCE ☐ POLICE ☐ AUTO : WHO_____

☐ OTHER:

RECEIVING HOSPITAL/MEDICAL PROVIDER:

WITNESS NAME:	WITNESS NAME:
ADDRESS:	ADDRESS:
PHONE: ( )	PHONE: ( )

SIGNATURE OF INJURED/REPRESENTATIVE: **X**	DATE:
SIGNATURE OF SCBC EMPLOYEE: **X**	DATE:

RELEASE SIGNATURE: REFUSING ATTENTION: I HAVE BEEN ADVISED THAT I MAY HAVE A MEDICAL CONDITION(S) WHICH MAY REQUIRE AN EXAMINATION BY A DOCTOR, AND I REFUSED SUCH MEDICAL CARE AND/OR ADVICE OR I DO NOT BELIEVE A MEDICAL EMERGENCY EXISTS AND I REQUIRE NO FURTHER ASSISTANCE.

SIGNATURE: **X** DATE:

OFFICE USE ONLY: ☐ CORRECTIVE ACTION: _____ COPY TO: ☐ TEAM OFFICE

COMMENTS:

RETURN THIS FORM TO THE SCBC PURCHASING DIRECTOR BY 9:00 A.M. ON THE NEXT BUSINESS DAY.

ORIGINAL: PURCHASING DIRECTOR **YELLOW: SUPERVISOR** **PINK: INJURED PARTY/REPRESENTATIVE** **10/02**

Accident/Incident Report Form Instructions

The safety and well being of employees, visitors, and guests is paramount at functions, facilities, and properties of the South Carolina Baptist Convention. Our goal is to provide safe, clean, and comfortable facilities as we seek to minister in the name of Christ.

Even with the best planning, accidents or incidents may occur at any time. When an accident or incident occurs, our primary concern is to provide the proper care and the necessary resources to assist the injured person(s). In an effort to provide the necessary care, it is important to obtain relevant information. The SC Baptist Convention Accident/Incident report form provides a method to obtain this information. This information will be used in the following ways:

1- To provide information that may be helpful to persons assisting the injured, such as paramedics or other emergency workers.
2- To provide information to insurance carriers as necessary.
3- To use the accident/incident information in the risk management program of the Convention. Any patterns of incidents or injuries will be evaluated and changes made to help prevent future injuries or incidents.

When completing the accident/incident report form, follow these suggested guidelines:

Conference or Event: Note the conference or event name at the top of the form, if applicable.

Name, Age/Date of Birth, Gender, Address, Phone: Fill in the name, address, contact, and other information of the injured person.

Date, Place, and Time of Accident/Incident: Write in the details of the accident or incident.

Injury or Condition: Use applicable check boxes to help identify the type of injury as best you can.

Description of Injury/ Incident: Write a brief description of what happened to cause the accident or incident. Utilize applicable check boxes as they are helpful.

CPR/First Aid: Note the details of this care.

Was Injured removed from accident scene: Use this box to provide details of this care.

Receiving Hospital/ Medical Provider: Note the medical facility or provider where the injured party was taken for evaluation or treatment.

Witness Information: Note witness name, address, and contact information for follow-up or further information.

Signature Injured/ Representative, SCBC Employee: Ask injured person or representative to sign and date form. SCBC employee assisting with accident/incident form should sign and date the form.

Release Signature: When injured party refuses suggested medical attention or treatment, ask for them to sign and date the release statement.

Return completed form to purchasing director by 9:00 AM on the next business day. It is always best to work with an accident or incident as quickly as possible to gather the best information possible. The purchasing director will notify and contact the persons necessary to file any claim information with the Convention insurance carrier.

The accident/incident form is located on the network at N:\PUBLIC\FORMS\Accident_Incident Form